

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

10762

1. PLACE OF DEATH:

County... Talbot
 City or town... Rural - Queen Anne
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Talbot County... Talbot
 City or town... Rural Queen Anne
 (If outside city or town limits, write RURAL and give nearest town)
 Street No...
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Alice Anderson

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

widowed

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Mar. 10, 1856

6.(c) If alive, give age... years

8. AGE:

Years

Months

Days

If less than one day

92623

hrs.

min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

unknown

12. Name

13. Birthplace

14. Maiden name

Debbie Kinnamon

15. Birthplace

Maryland

16. Informant

William Anderson

Address

150 Vine St. Phila., Pa

17.

(Burial, cremation, or removal. Which?)

Date thereof

Oct 4, 1948
(month) (day) (year)

Cemetery or crematory

Balem

Location

Balem, not near Centerville

18. Funeral director

J. Virgil Moore & Son

Address

Denton, Maryland

19.

(Date rec'd by registrar)

19

48W. H. Harris

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct. 3

19

48

at

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Spt. 27

19

48

to

Oct 3

19

48

and that I last saw him alive on

Oct 1

19

48

Immediate cause of death

arteriosclerosis

DURATION

10 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. Paul Smith MD

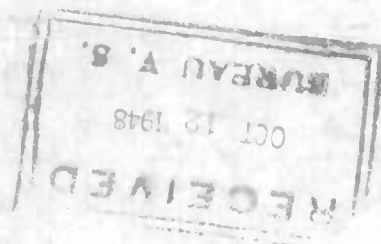
M. D. or other

Address

Denton Md

Date signed

10/6/48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10763

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Jeff.
 City or town Rural, Eastern Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Jeff.
 City or town Rural, Eastern
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war.

3. (a) FULL NAME

J. Kemp Barchet
 4. Sex M. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Mary Mary Barchet
 7. Birth date of deceased (mo., day, yr.) Aug 9, 1863
 8. AGE: Years 85 Months 2 Days 11 If less than one day
 8. (c) If alive, give age 83 years

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 20 19 48 at 9:30 P.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1936 to Oct. 1948
 and that I last saw him alive on Oct. 20th 19 48
 Immediate cause of death Arteriosclerosis
heart disease DURATION 2 yrs.
 Due to Arteriosclerosis and hypertension 12 yrs.
 Due to Pylonephritis (chronic) 4 yrs.
 Other conditions
 (Include pregnancy within 3 months of death)
 Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

9. Birthplace Lawrence, Kansas
 (Town, county, and state)
 10. Usual occupation Lawyer (Retired)
 11. Industry or business
 12. Name J. Kemp Barchet
 13. Birthplace Md.
 14. Maiden name Virginia Conzel
 15. Birthplace Delaware
 16. Informant Robert Barchet
 Address Baltimore, Md.
 17. Burial Date thereof Oct. 22, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematorium Spring Hill
 Location Eastern Md.
 18. Funeral director Robert Barchet
 Address Eastern Md.
 19. 10/21 19 48 N.H. Neirine
 (Date rec'd by registrar) Registrar

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE William S. Seymour M. D. or other
 Address Eastern Md. Date signed 10-21-48

RECEIVED
OCT 28 1948
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10764

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Fuller
 City or town Easton, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 month
 Hospital, institution, or street address where death occurred:
Memorial Hospital (Easton)
 How long in hospital or institution? 1 month

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne's
 City or town Centreville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____ ✓

3. (a) FULL NAME

John E. Capel

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife _____
 7. Birth date of deceased (mo., day, yr.) Jan 18, 1888 6.(c) If alive, give age _____ years
 8. AGE: Years 60 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Painter

11. Industry or business

12. Name Mr. Edward Capel
 13. Birthplace England
 14. Maiden name Mary Ward
 15. Birthplace England
 16. Informant Mrs. Rose Mc Clement
 Address Centerville, Md

17. Burial (Burial, cremation, or removal) Which? Burial Date thereof 10/14/48
 (month) (day) (year)

Cemetery or crematory Chesterfield
Centerville Md
 Location

18. Funeral director Barton Bros
 Address Centerville Maryland

19. 10/13 1948 N.J. Neerue
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 12th 1948 at 10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 13 1948 to Oct 12 1948
 and that I last saw him alive on Oct 12 1948

Immediate cause of death

Heart Failure -
mitral stenosis -
Pulmonary areas

Due to _____
 Due to Infarct of lung

DURATION

years -
7 days
21 days

Other conditions Hypertrophied pro- 2 yrs
state - Secondary hemorrhage -
asthma
 (Include pregnancy within 3 months of death)

Major findings of operations Hypertrophied middle
lobe of prostate - Date of op. Sept 17, 48

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

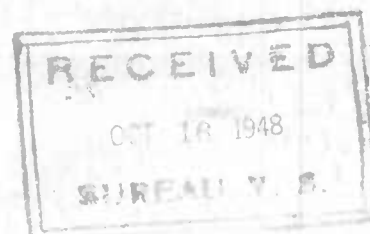
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE John F. Schneider M.D.
Easton Md Date signed Oct 12
 Address _____



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10765

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
City or town Easton Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all of life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Talbot
City or town Easton Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Alice Muse Cox

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Dec. 5 - 1865 6. (c) If alive, give age years

8. AGE: Years 82 Months 10 Days 4 If less than one day hrs. min.

9. Birthplace Kirkham, Perry Hall
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name Luther Clark Cox

13. Birthplace Easton, MD

14. Maiden name Mary Hindman Perry

15. Birthplace Cambridge, MD

16. Informant Mrs. C. J. Solhofield

Address Easton, MD

17. Burial Date thereof Oct 11 48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Family Burial Plot

Location Perry Hall, Easton, MD

18. Funeral director John D. Williams

Address Easton, MD

19. 10/19 19 48 NH. Neenan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 8 19 48 at 9:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1938 to October 1948

and that I last saw him alive on October 7 19 48

Immediate cause of death Myocardial heart disease DURATION 3 yrs.

Rheumatoid arthritis 15 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

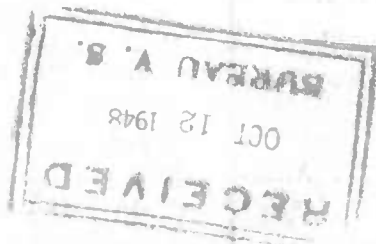
23. SIGNATURE Hillman & Symons M. D. or other

Address Easton, MD Date signed 10-9-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

10766

1. PLACE OF DEATH:

County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? one hour & 20 min
 Hospital, institution, or street address where death occurred:
Memorial Hospital
 How long in hospital or institution? one hour & 20 min

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalburg, Md Bx 204
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____ ✓

3. (a) FULL NAME

J. Douglas Dickerson

3. (b) Social Security Number

4. Sex

male

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Mary Dickerson

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

October - 8 - 1905

8. AGE:

Years

Months

Days

If less than one day

431126

hrs.

min.

9. Birthplace

Federalburg Md
(Town, county, and State)

10. Usual occupation

Printer

11. Industry or business

Printing Co.

MOTHER

FATHER

12. Name

John Pratts

13. Birthplace

Federalburg Md

14. Maiden name

Ella Dickerson

15. Birthplace

Federalburg Md

16. Informant

Mary Dickerson

Address

Bx 204, Federalburg Md

17.

(Burial, cremation, or removal Which?)

Date thereof

Oct 8 1948
(month) (day) (year)

Cemetery or crematory

Federal Hill

Location

Federalburg Md

18. Funeral director

J. J. Thompson and Son

Address

Federalburg, Maryland

19.

(Date rec'd by registrar)

10/548N. L. Merriam
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 - 4 1948 at 8:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him

alive on

19

Immediate cause of death

DURATION

Cardiac failure
acute large vessel edema
& anoxia
cause undetermined

hrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

same

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Louis Shady MD DMR
M. D. or other

Address

Easton MdDate signed 10-5-48

RECEIVED
OCT 12 1948
BUREAU A. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Queen Anne's
 City or town Queen Anne
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Sussex
 City or town Queen Anne
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Esther S. Dudley, Esther S.

3. (b) Social Security Number

4. Sex F. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Thomas K. Dudley

7. Birth date of deceased (mo., day, yr.) Oct. 7, 1881 6. (c) If alive, give age 72 years

8. AGE: Years 67 Months 0 Days 19 If less than one day
hrs.min.

9. Birthplace Queenstown, Queen Anne's, Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Charles Jay Cox

13. Birthplace Delaware

14. Maiden name Thomas Blood

15. Birthplace Delaware

16. Informant J. Irene Dudley

Address 1219 West 8th St. Wilmington, Del.

17. Burial Date thereof October 28, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenwood

Location Highway 2nd

18. Funeral director John Beck

Address Exelos, Md.

19. 10/27 19 48 N.A. Neerue
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26 19 48 at 6:15 A. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 21 19 48 to October 26 19 48
 and that I last saw him alive on October 24 19 48

Immediate cause of death Myocardial infarct DURATION 4 months

Due to Taken admission of the thyroid gland Several
7 years

Due to

Other conditions Hypertensive Card. Chronic
vascular disease
 (Include pregnancy within 3 months of death)

Major findings of operations. Date of op.

Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of

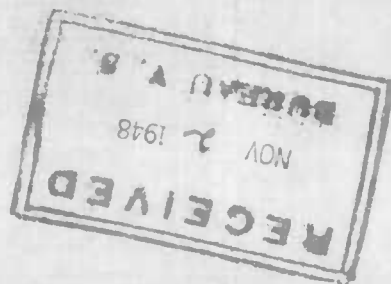
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. L. E. L. L. L. M. D. or other

Address Queen Anne's, Md. Date signed 10/26/48



Evidence for change of
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10768

FILM No. G 110 NOV 24 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 292

1. PLACE OF DEATH:

County Tachot
City or town Oxford
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death Practically all of life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Tachot
City or town Oxford
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Thomas H. Dyer

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widower

6.(b) Name of husband or wife Ellen M. Dyer

7. Birth date of deceased (mo., day, yr.) Sept 25, 1895 (1895) 6.(c) If alive, give age 53 years

8. AGE: Years 53 Months 0 Days 15 If less than one day
hrs. min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Richard Dyer

13. Birthplace Virginia

14. Maiden name Unknown

15. Birthplace Virginia

16. Informant Mr. Roland Dyer

Address Oxford Md

17. Burial Date thereof Oct. 14, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenview Cemetery

Location Oxford Md

18. Funeral director Maurice E. Newman & Son

Address Easton, Md

19. Oct 13- 1948 Joseph L. Bova Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 10 1948 at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 12 1948 to Oct. 10 1948
and that I last saw him alive on Oct. 10 1948

Immediate cause of death Valvular

Due to Constipation

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

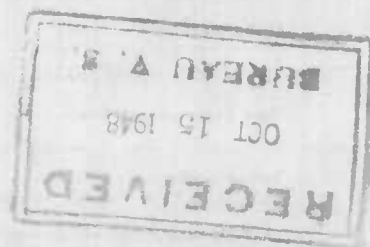
23. SIGNATURE Hayward T. Webb M.D

Address 633 Wm St. Easton Md Date signed 10/11/48

MARGIN RESERVED FOR BINDING

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24.1

1. PLACE OF DEATH:

County TalbotCity or town Bozman
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pg. County ChesterCity or town Pattatown
(If outside city or town limits, write RURAL and give nearest town)Street No. Rural Rt. #2
(If rural, give LOCATION)2. (a) If veteran, name war. ☒

3. (a) FULL NAME

Laura E. Guldin

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow6. (b) Name of husband or wife George E. Guldin7. Birth date of deceased (mo., day, yr.) Aug. 12, 1863

6. (c) If alive, give age years

8. AGE: Years 85 Months 1 Days 29 If less than one day hrs. min.9. Birthplace Chester County, Penna.
(Town, county, and state)10. Usual occupation Housewife.

11. Industry or business

12. Name Mr. Amole13. Birthplace Yellow House, Penna.14. Maiden name Laura Amole

15. Birthplace

16. Informant George G. KellyAddress Bozman, Md.17. Burial Date thereof 10/15/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Peter's Church YardLocation St. Peter's, Penna.18. Funeral director Norman D. MarshallAddress St. Michaels, Maryland.19. Oct. 12 19 48 Miss Robert L. Scott
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11 19 48 at 2:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 9 19 48, to October 11 19 48and that I last saw her alive on October 10 19 48Immediate cause of death Diabetic Coma

DURATION

48 hrsDue to Diabetic Coma

Z

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Arthur J. Michalland

M. D. or other

Address St. Michaels, Md. Date signed 10-11-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10770

Reg. Dist. No. 290

1. PLACE OF DEATH

County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death 8 days
 Hospital, institution, or street address where death occurred
115 West Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot
 City or town Trappe
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R.R. 2 Box 111
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Michael Vaughn Hailstark

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male colored

6.(b) Name of husband or wife

6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 17, 19488. AGE: Years Months Days If less than one day
8 hrs. min.9. Birthplace Easton Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Cyril Robinson13. Birthplace Chicago, Ill.14. Maiden name Maureen E. Hailstark15. Birthplace Bryn Mawr Pa.16. Informant Trappe, MarylandAddress R.F.D. 2 Box 11117. Burial Date thereof 10-25-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory TrappeLocation Trappe, Md. R.D.18. Funeral director Trappe, Md. R.D.Address Trappe, Md. R.D.19. 10/24 19. 48 N.B. Merux
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24 1948 at 6:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1948, to 1948and that I last saw him alive on 1948

Immediate cause of death

congenital anomalies
absent ears
hemorrhagic disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Louis Whately, M.D. M. D. or otherAddress Easton Md Date signed 10-25-48

RECEIVED
NOV 5 1948
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10771
Reg. Dist. No. 290

1. PLACE OF DEATH

County Talbot
City or town Easton, Md
Outside city or town limits write RURAL and give nearest town
How long in above place of death? From Sept 24 to Oct 8-48
Hospital, institution, or street address where death occurred:
Memorial Hospital
How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

James Handy

3. (b) Social Security Number

4. Sex Male 5. Color or race W 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Anna G. Handy
6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) June 8, 1901
8. AGE: Years 47 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Talbot County
(Town, county, and state)

10. Usual occupation Cook

11. Industry or business _____

12. Name Charles Handy

13. Birthplace Talbot County

14. Maiden name Marion Green

15. Birthplace Talbot County

16. Informant Anna G. Handy

Address 121 Hanson St Easton Md

17. Burial Date thereof 9/11/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium Low W. Henry (Bryant)

Location Easton Md.

18. Funeral director Low W. Henry

Address Easton Md.

19. 10/9 19 48 N. D. Morris
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-8- 19 48 at 12:40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-24 19 48, to 10-8 19 48
and that I last saw him alive on 10-8-48 19 _____

Immediate cause of death Hyper tension Cardio-vascular disease

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE P. J. Coffin

Address Easton Md. Date signed _____

M. D. or other _____

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED

OCT 16 1948

BUREAU 7. 8.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 292

1. PLACE OF DEATH:

County Talbot
 City or town Trappe (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death 7 months
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md. County Talbot
 City or town Trappe (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Emily R. Harrison

3. (b) Social Security Number

None

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widow

6. (b) Name of husband or wife James M. Harrison7. Birth date of deceased (mo., day, yr.) Jan. 9, 18718. AGE: Years 77 Months 7 Days 12 If less than one day _____ hrs. _____ min.9. Birthplace Thiomas Co., Md. (Town, county, and state)10. Usual occupation Housewife

11. Industry or business _____

12. Name William S. Hayward13. Birthplace Thiomas Co., Md.14. Maiden name Mary King15. Birthplace Thiomas Co., Md.16. Informant Mrs. Mary SeymourAddress Trappe (Rural) Md.17. Burial Oct 25, 1948 Date thereof _____ (month) (day) (year)Cemetery or crematory St. Johns CemeteryLocation Talbot Md.18. Funeral director Maurice E. SeymourAddress Easton Md.19. Oct 27 1948 Joylston Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 21, 19 48, at 2:30 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1, 1948, to Oct. 21, 1948and that I last saw her alive on October 21, 1948Immediate cause of death Cerebral hemorrhageDue to arterio sclerosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE William S. SeymourAddress Easton Md. Date signed 10/22/48

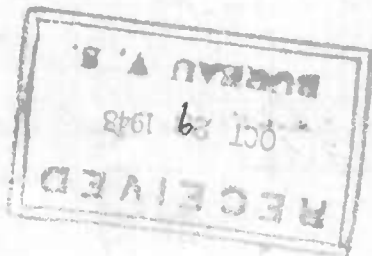
DURATION

1 day
7 ybs.

1948-10-21

1871-1-9

77-9-12



In Press

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH:

County TalbotCity or town Wittman
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town St. Michaels, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Margaret Ann Harrison

3. (b) Social Security Number

none4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced widow6.(b) Name of husband or wife Robert W. Harrison7. Birth date of deceased (mo., day, yr.) June 16, 1856 6.(c) If alive, give age _____ years8. AGE: Years 92 Months 4 Days 14 If less than one day _____ hrs. _____ min.9. Birthplace Tilghman, Talbot Co., Md.
(Town, county, and state)10. Usual occupation House wife

11. Industry or business

12. Name James Marshall13. Birthplace Tilghman, Talbot Co., Md.14. Maiden name Ellen Wales15. Birthplace England16. Informant Mrs. Lewis JonesAddress Wittman, Md.17. Burial Date thereof Nov. 1, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CemeteryLocation Olivet, St. Michaels, Md.18. Funeral director Newnam & HarrisonAddress St. Michaels, Md.19. Oct 31 1948 G. Wesley Russell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1948 3 A21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct 20 1948 to Oct 30 1948
and that I last saw him alive on Oct 19 1948Immediate cause of death Cerebral HemorrhageDue to Senile arteriosclerosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE G. Wesley Russell M. D. or other _____Address Tilghman, Md. Date signed 10/31/48

10773

RECEIVED

NOV 9 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 yr
 Hospital, institution or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Stearns
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war Spanish - American War

3. (a) FULL NAME

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Therese Bryce Hayward

7. Birth date of deceased (mo., day, yr.) June 26, 1879

8. AGE: Years 69 Months 4 Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace Talbot County, Maryland
 (Town, county, and state)

10. Usual occupation none

11. Industry or business _____

12. Name Robert Hayward

13. Birthplace Md.

14. Maiden name Elizabeth R. Chamberlain

15. Birthplace Md.

16. Informant Mrs. Therese Bryce Hayward

Address Easton, Md.

17. Buried Date thereof Nov. 3, 1948
 (Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton, Md.

18. Funeral director Robert Clark

Address Easton, Md.

19. 11/2 19 48 J. H. Nevin
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 31 19 48 at 12:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 17 19 48 to Oct 31 19 48 and that I last saw him alive on Oct 31 19 48

Immediate cause of death Acute Tuberculosis DURATION 8 mos.

Due to Chronic Tuberculosis 25 yrs.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations no

Date of op. _____

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide _____ Date of _____

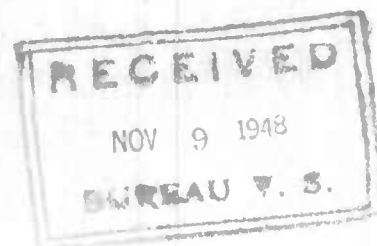
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. W. C. Stevens M.D.

Address Easton Md Date signed 11-2-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
 County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Memorial Hospital
 How long in hospital or institution? 9 da 14 hrs. 45 min

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Seroline
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war. ☒

3. (a) FULL NAME Mrs Ida Kauffman 3. (b) Social Security Number _____

4. Sex Female 5. Color or race white 6.(a) Single, married, or divorced married
 6.(b) Name of husband or wife Clayton Kauffman
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) ABT. 1875

8. AGE: Years 73 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Penn
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business _____

12. Name Mrs John Shaut

13. Birthplace Penn

14. Maiden name Ann Phillips

15. Birthplace Penn

16. Informant Mrs. Tyler Lewis

Address Easton Md

17. Burial Date thereof Oct. 20, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Easton

Location Easton, Maryland

18. Funeral director J. Virgil Moore & Son

Address Easton Maryland

19. 10/18 19 48 R.H. Neerue
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 - 17 19 48 at 2:48 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7 Oct 48 19 48, to 17 Oct 19 48
 and that I last saw him alive on 17 Oct 19 48

Immediate cause of death Coronary artery of the heart
to pulmonary embolism
 DURATION (?)
(?)

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

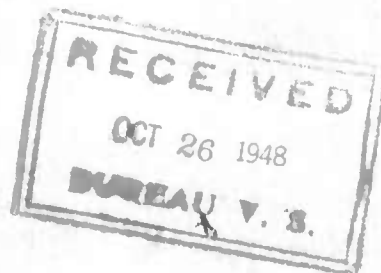
23. SIGNATURE Phyllis Ann Shaut M. D. or other _____

Address Easton Maryland Date signed 18 Oct 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1948
26
-2681

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10776

Reg. Dist. No. 292

1. PLACE OF DEATH:

County... Talbot
 City or town... Trappe (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Whole of life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?...

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... MD County... Talbot
 City or town... Trappe
 (If outside city or town limits, write RURAL and give nearest town)
 Street No...
 (If rural, give LOCATION)
 2.(a) If veteran, name war...

3. (a) FULL NAME

Oscar Alonds Mullikin

3. (b) Social Security Number

None

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Sarah Elizabeth Mullikin (Gruen)

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1874 8. AGE: Years 74 Months 8 Days 17 It less than one day

9. Birthplace Trappe Talbot Co. Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name George St. Mullikin

13. Birthplace Talbot Co. Md.

14. Maiden name Emily S. Helsing

15. Birthplace Talbot Co. Md.

16. Informant Mrs. O. A. Mullikin

Address Trappe, Md. RD

17. Burial Date thereof 11/3/48 (month) (day) (year)

Cemetery or crematory Bamberg Cemetery
 Location Trappe - Md. Rural
 18. Funeral director Maurice E. Gersons
 Address Easton, Maryland
 19. Nov 1 - 19 48 Registrar Joseph L. Brown

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 3, 1948 at 12:15 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 30 - 1948 to Oct 31 - 1948

and that I last saw him alive on Oct 30 - 1948

Immediate cause of death Coronary thrombosis DURATION 12 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

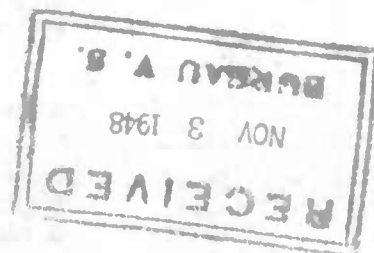
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Joseph L. Brown M. D. or other 11/1/48
 Address Trappe, Md. Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 10777
290

1. PLACE OF DEATH:

County TalbotCity or town Royal Oak
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? all of life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Royal Oak, Md
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

4. Sex

Male

5. Color or race

colored

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife _____

7. Birth date of

deceased (mo., day, yr.)

July 15, 1894

6.(c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

5432

hrs.

min.

9. Birthplace

Royal Oak, Md.
(Town, county, and state)

10. Usual occupation

Invalid

11. Industry or business

FATHER

12. Name

George Oliver

13. Birthplace

Royal Oak, Md.

MOTHER

14. Maiden name

Amanda Mackey

15. Birthplace

Royal Oak, Md.

16. Informant

Martha Brunnel

Address

Easton, Md.

17.

(Burial, cremation, or removal. Which?)

Burial

Date thereof

Oct. 20 1948

(month) (day) (year)

Cemetery or crematory

St Paul Cemetery

Location

Diamonds Corner

18. Funeral director

John D. Williams

Address

Easton, Md.

19.

10/18
(Date rec'd by registrar)

19.

48N.R. Nurses

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17, 1948 19 11:50 a

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 12, 1948 19 Oct. 17, 1948and that I last saw him alive on Oct. 17, 1948 19

Immediate cause of death

Acute Myocarditis

DURATION

Due to Rheumatism2 1/2 yrs

Due to _____

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations NoneDate of op. NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide None Date of ✓Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

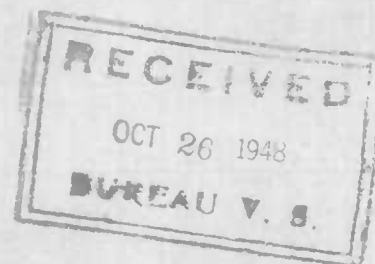
Means of injury ✓Injured at work? ✓

23. SIGNATURE

J. B. News, M.D.

M. D. or other

Address St. Michaels, MdDate signed 10.17.48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 292

1. PLACE OF DEATH:

County Tachot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 1/2 weeks
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Tachot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No. Harmon St
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Georgianna Patchett

3. (b) Social Security Number

4. Sex Female 5. Color of face white 6. (a) Single, married, widowed, or divorced widow

6. (b) Name of husband or wife Robert J. Patchett

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1868 6. (c) If alive, give age 79 years

8. AGE: Years 79 Months 11 Days 9 If less than one day hrs. min.

9. Birthplace Delaware
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name James F. Boyles

13. Birthplace Delaware

14. Maiden name Sarah Kenton

15. Birthplace Delaware

16. Informant Mrs. Bartow Whiteley

Address Easton, Md.

17. Burial Date thereof Oct 8, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hillsboro

Location Hillsboro

18. Funeral director Maurice E. Pearson

Address Easton, Md.

19. Oct 16 19 48
(Date rec'd by registrar)

Joula Ross Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15 19 48 at 11 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov - 19 40 to Oct 8 19 48

and that I last saw her alive on October 15 19 48

Immediate cause of death Stenocardia DURATION 7 days

Due to Arterio Sclerosis 15 yrs

Due to hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

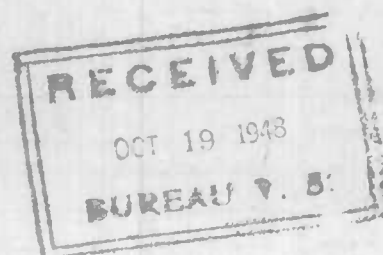
23. SIGNATURE William S. Seymour M. D. or other

Address Easton Md Date signed 10/16/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



CHANGE OF AGE: new cer. and letter from J.D. WMS, f.d., cer. signed by Dr. Webb, indicating birth year and age below. MARYLAND STATE DEPARTMENT OF HEALTH
Filmed G117 10-15-48 LL

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: Talbot
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME: Harry M. Roberts

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Perry Roberts
7. Birth date of deceased (mo., day, yr.) July 4 - 11/16/13 1904
8. AGE: Years 44 Months 14.5 Days 3 It less than one day 2 hrs. min.

9. Birthplace Royal Oak, Md
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

12. Name Henry Sullivan
13. Birthplace Royal Oak, Md
14. Maiden name Matilda Wallace
15. Birthplace Royal Oak, Md

16. Informant Perry Roberts
Address Easton, Md
17. Burial Date thereof Oct 8 48
(Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory Richards Cemetery
Location Easton, Maryland
18. Funeral director John D. Williams
Address Easton, Md

19. 10/15 48
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 5th 19. 48 at 10:20 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 23 48 to Oct 5 48
and that I last saw him alive on Oct 5 19. 48

Immediate cause of death Septicemia
Due to Cellulitis of the leg.
DURATION 8 days
2 weeks
Due to
Other conditions

(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: It death was due to external causes, till in the following:
Accident, suicide, or homicide
Where did injury occur? At home Talbot Co.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) At home
Means of injury Knife against Injured at work? No
A chair
23. SIGNATURE Raymond T. Webb, M.D.
Address Easton, Md. Date signed 10/16/48

1952

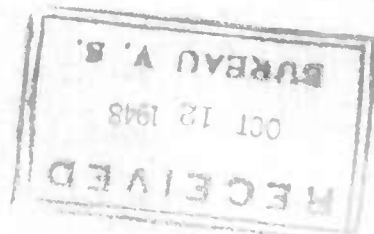
10779

290

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

10780

1. PLACE OF DEATH:

County SalbotCity or town near Easton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? five yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind County SalbotCity or town near Easton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

James Henry Smith

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Laura M. Smith7. Birth date of deceased (mo., day, yr.) Aug 26, 18986. (c) If alive, give age 65 years8. AGE: Years 70 Months 1 Days 25 If less than one day _____ hrs. _____ min.9. Birthplace Denton, Caroline Ind.
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Farming12. Name unknown

13. Birthplace

14. Maiden name Gertrude Smith15. Birthplace unknown16. Informant Mrs. Laura M. SmithAddress RFD Easton, Maryland17. Burial Date thereof Oct. 25, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory DentonLocation Denton, Maryland18. Funeral director J. V. MooreAddress Denton, Ind.19. 10/22 19 48 N. S. Nerus
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/21/ 19 48 at 12 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 19 48 to 19and that I last saw him alive on 10-1- 19 48

Immediate cause of death _____

DURATION

Due to arteriosclerosisDue to generalized

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE B Cox M. D. or other _____Address Easton, Md. Date signed 10-25-48

RECEIVED
OCT 28 1948
BUREAU A. S.

RECEIVED
OCT 28 1948
BUREAU A. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County TalbotCity or town Easton Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Memorial Hospital, Easton Md.

How long in hospital or institution?

Oct - 20 - 21 - 48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mr. J. Dawson Stafford

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Mrs. Althea Stafford7. Birth date of deceased (mo., day, yr.) June 9, 1880

6.(c) If alive, give age years

8. AGE: Years Months Days It less than one day

68 hrs. min.9. Birthplace Kent County
(Town, county, and state)10. Usual occupation Canner & auctioneer

11. Industry or business

12. Name Mr. J. Dawson Stafford13. Birthplace Chainsburg14. Maiden name Mrs. J. Dawson15. Birthplace Talbot County16. Informant Mrs. Althea StaffordAddress Easton Md.17. Burial Date thereof 10/25/48
(Burial, cremation, or removal - Which?) (month) (day) (year)Cemetery or crematory Spring HillLocation Easton Talbot Co. Md.18. Funeral director Carl StaffordAddress Easton Md.19. 10/22 48 N. H. Merriam
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH Oct 21 - 1948 at 5¹⁰ P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Apr 19 48 to 21 Oct 19 48and that I last saw him alive on 21 Oct 19 48Immediate cause of death Cerebral vascular accident DURATION 4 daysDue to Cerebral arterio-sclerosisand Hypertensive Cardiac (7)Due to vascular disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thos. B. Hamilton M. D. or otherAddress Easton, Maryland Date signed 22 Oct 48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 292

10782

1. PLACE OF DEATH:

County Talbot
 City or town Trappe (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Place of life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md. County Talbot
 City or town Trappe (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Edward Perry Stevens

3. (b) Social Security Number

None.

4. Sex

Male white

5. Color or race

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Margaret Stevens
(Wife)

6. (c) If alive, give age

41 years

7. Birth date of deceased (mo., day, yr.)

Sept 4, 1895

8. AGE:

Years

53

Months

1

Days

13

If less than one day

.....hrs.min.

9. Birthplace

Talbot Co. Md.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

William Bennett Stevens

12. Name

Talbot Co. Md.

13. Birthplace

Julia Perry

14. Maiden name

Talbot Co. Md.

15. Birthplace

Mrs. Margaret Stevens

16. Informant

Trappe Md. RA

Address

Buried Date thereof Oct 19, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Ward Cemetery

Location

Trappe Md.

18. Funeral director

Maurice E. Freeman - son

Address

Easton, Md.19. Oct 19 19 48

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct. 17, 1948 at 8:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 1947 to Oct. 7, 1948and that I last saw him alive on October 17, 1948

Immediate cause of death

Carcinoma of the lung with metastasis to the brain

DURATION

1 yr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

.....Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

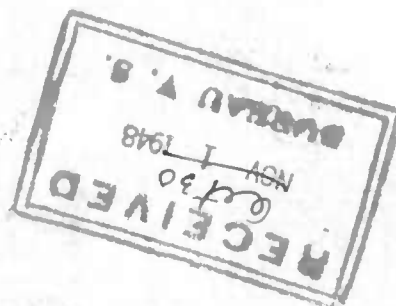
Means of injury

Injured at work?

23. SIGNATURE

William S. Symons
Trappe Md. M. D. or otherAddress..... Date signed 10-19-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Sachs Co.
 City or town Easton Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 14 days
 Hospital, institution, or street address where death occurred:
Memorial Hospital
 How long in hospital or institution? 14 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Harlock
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____ ✓

3. (a) FULL NAME

Mr. Charles M. Thompson

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) July 6, 1869 6. (c) If alive, give age _____ years

8. AGE: Years 79 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Dorchester County
 (Town, county, and state)

10. Usual occupation none

11. Industry or business _____

12. Name Mrs. Geo. A. Thompson13. Birthplace Dorchester County14. Maiden name Sarah Pearson15. Birthplace Dorchester County16. Informant Mrs. Lottie L. CorranAddress Harlock Md

17. Burial Date thereof Oct 23, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory CemeteryLocation Harlock18. Funeral director W. J. ThibodeauxAddress Harlock19. 10/21 19. 48 N. H. Neume

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/20/48 19. 857 at 8:57 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1947 19. 48 to Oct 1948 19. 48

and that I last saw him alive on Oct 1948 19. 48

Immediate cause of death Coronary Failure

DURATION 24 hours

Due to Septicemia 4 days

Due to Pneumonia 3 weeks

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results none done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE John B. ... M. D. or other

Address Frederick, Maryland Date signed 10/20/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

Dr. Cap. 10784
83a
292

1. PLACE OF DEATH:

County Tachat
City or town Clifford
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all of life
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Tachat
City or town Clifford
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Richard Henry Tull

3. (b) Social Security Number

201 6-14-2520

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
6. (b) Name of husband or wife Laura Tull
6. (c) If alive, give age 80 years
7. Birth date of deceased (mo., day, yr.) Sept. 12, 1867

8. AGE: Years 81 Months 1 Days 18 If less than one day
hrs. min.

9. Birthplace Clifford Md.
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

12. Name Levin H. Tull

13. Birthplace Tachat Co., Md.

14. Maiden name Sara Streets

15. Birthplace Tachat Co., Md.

16. Informant Raymond S. Tull

Address 1638 Cliffview Ave. Balt.

17. Burial Date thereof Nov. 2, 1948.
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Clifford Cemetery

Location Clifford, 3 Maryland

18. Funeral director Maurice Thompson

Address Easton Md.

19. Nov. 1st 1948 Joseph Rost
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 31, 1948, at 12:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1947 to 10/31/1948
and that I last saw him alive on 10/20/1948

Immediate cause of death

DURATION

Cerebral hemorrhage 1 hr

Due to arteriosclerosis, generalized ?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE Dr. Cap. 10784
Address Easton Md. M. D. or other

Date signed 11/1/48

RECEIVED
NOV 3 1948
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County... **Talbot**
 City or town... **Easton**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Lifetime**
 Hospital, institution, or street address where death occurred:
Hammond St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... **Maryland** County... **Talbot**
 City or town... **Easton**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **Hammond St.**
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Isaac M. Turner

3. (b) Social Security Number

4. Sex **M** 5. Color or race **Col'd** 6.(a) Single, married, widowed, or divorced **Married**
 6.(b) Name of husband or wife **Nellie Turner**
 6.(c) If alive, give age **75** years
 7. Birth date of deceased (mo., day, yr.) **1-1-1867**
 8. AGE: Years **81** Months **9** Days **4** If less than one day
 8. AGE: Years **81** Months **9** Days **4** If less than one day
 8. AGE: Years **81** Months **9** Days **4** If less than one day

9. Birthplace **Easton Talbot Maryland**
 (Town, county, and state)
 10. Usual occupation **Retired School-teacher**
 11. Industry or business
 12. Name **George Turner**
 13. Birthplace **Kent County**
 14. Maiden name **Annie Hollis**
 15. Birthplace **Kent County**

16. Informant **Mrs. Gladys Chase**
 Address **22 Monroe St. Buffalo N.Y.**
 17. Burial Date thereof **Oct. 8 1948**
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory **Richards Memorial Cemetery**
 Location **Easton, Md.**
 18. Funeral director **Leon W. Henry**
 Address **310 South St. Easton, Md.**
 19. **10/8** **48** **N.H. Neer**
 (Date rec'd by Registrar) (Year) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **Oct. 5** 19 **48** at **3:15** P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **July 6** 19 **48** to **Oct. 5** 19 **48**
 and that I last saw him alive on **Oct. 5** 19 **48**
 Immediate cause of death **Carcinoma of the lungs**
 DURATION **1-18 mo.**
 Due to **Same**
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)
 Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE **Harward T. Delft M.D.**
 Address **633 W. 1st St. Easton Md.** Date signed **10/7/48**

RECEIVED
OCT 12 1948
BUREAU V. B.

1948-10-5
81-9-4
1867-1-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County TalbotCity or town Easton, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Memorial Hospital

How long to hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)Street No. 210 Balderson St

(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Baby Girl Nellis

3. (b) Social Security Number

4. Sex Female5. Color or race W

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 26 - 1948

8. AGE: Years Months Days If less than one day

23 hrs. 14 min.9. Birthplace Easton - Talbot - Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Richard Barnaby Nellis13. Birthplace Easton, Md14. Maiden name Donis Lorraine Dulin15. Birthplace Chesley - Pa16. Informant Mrs Donis Lorraine NellisAddress Easton, Md17. Cremation Date thereof Oct 28 - 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Memorial HospitalLocation Memorial Hospital, Easton, Md18. Funeral director Memorial HospitalAddress Easton, Md19. 10/27 19 48 R.B. Neuner
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 19 48 at 10:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10/26 19 48, to 10/27 19 48and that I last saw him alive on 10/27 19 48

Immediate cause of death

Pneumonia (W + 1000 gram)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

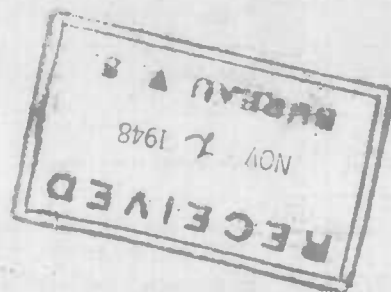
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE R. Cox M. D. or otherAddress Easton, Md Date signed 10/28/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **290**

1. PLACE OF DEATH:

County **Taibot**City or town **Easton**
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

101 N. Harrison St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **md.** County **Taibot**City or town **Easton**
(If outside city or town limits, write RURAL and give nearest town)Street No. **101 N. Harrison St.**
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Adna Eudora Phillips Wolleyhand.

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widow

6. (b) Name of husband or wife

Clinton Wolleyhand6. (c) If alive, give age **about 76** years

7. Birth date of deceased (mo., day, yr.)

July 19, 1873

8. AGE:

Years

75

Months

2

Days

25

If less than one day

hrs.

min.

9. Birthplace

Salem, Dorchester Co, Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

William Frazer

12. Name

Dorchester Co. Md.

13. Birthplace

Matilda Price

14. Maiden name

Dorchester Co. Md.

15. Birthplace

Mrs. Florence Lane

16. Informant

Easton Md.

17. Burial

Easton Md.

18. Funeral director

Easton Md.

19. Date rec'd by registrar

Oct 15, 1948Date thereof **Oct 16, 1948**
(month) (day) (year)

Cemetery or crematory

Landing Neck

Location

Maryland

Address

Easton Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH **Oct 14, 1948**, at **10:57 A.M.**

I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 7, 1948, to **Oct 14, 1948**and that I last saw him alive on **Oct 14, 1948**Immediate cause of death **Acute myocardial infarction**DURATION **7 days**

Due to

Due to

Other conditions **Chronic bronchitis****10 years**

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **Joseph R. Ross**Address **Griffin Md.**M. D. **10/14/48**

Date signed

10787

93a

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct Page is especially important. Physicians: please write the causes of death clearly and legibly.

